



**Office of United States Senator Bill Cassidy, M.D.**  
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**Baton Rouge, LA 70808**  
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**Privacy Release Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Veteran's Claim No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other claim, case or receipt number, if applicable: \_\_\_\_\_

Summary of Issue:

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Due to the Federal Privacy Act of 1974 (Public Law 93-579), and various Louisiana Privacy Law, Federal and State government agencies are prohibited from releasing any information or discussing anything regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Senator, to contact the proper officials on your behalf; discuss the matter and receive any pertinent information.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature